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2010 MAY 20 PM 05:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAY 21 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Boward Financial & Mitigators Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alessandro Ramos

Name of Person

Broward Financial & Services Mitigators LLC

Firm/Company

8244 S. Coral Circle

Address

North Lauderdale Florida 33068

City/State and Zip Code

alessandroramos@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alessandro Ramos

Name of Person

at (954)

588-7665

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 MAY 20 PM 2:06

Broward Financial & Mitigators Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/26/2010 and assigned
Florida document number L 09000112160.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BROWARD FINANCIAL & MITIGATORS SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8244 S. CORAL CIRCLE

NORTH LAUDERDALE

FLORIDA 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8244 S. CORAL CIRCLE

NORTH LAUDERDALE

FLORIDA 33068

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALESSANDRO RAMOS

New Registered Office Address:

8244 S. CORAL CIRCLE

Enter Florida street address

NORTH LAUDERDALE

Florida

33068

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>ANGELA R. AMORIM</u>	<u>540 JEFFERSON DR</u> <u>BLDG 16 UNIT 115</u> <u>DEERFIELD BEACH FLORIDA 33442</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ALESSANDRO RAMOS</u>	<u>8244 S. CORAL CIRCLE</u> <u>NORTH LAUDERDALE</u> <u>FLORIDA 33068</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>MARCIO W. AMORIM</u>	<u>510 REPUBLIC COURT</u> <u>DEERFIELD BEACH</u> <u>FLORIDA 33442</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

ANGELA R. AMORIM

Typed or printed name of signee

FILED
2010 MAY 20 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA